

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565380

FILING DATE

03 JUL 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		3		3		
5		0		3		
6	/		/			
7		1		1		
8		2		2		
9		2		2		
10		0		0		
11		0		0		
12		0		0		
13	/		/			
14		1		1		
15	/		/			
16		0		0		
17		0		0		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	17	←	25	←		←
TOTAL CLAIMS	22		30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY